

respectively). This racial differential was small in Chattanooga (0.3% among black females compared to 0.2% among white females).

Results of the Memphis/Shelby County Health Department RAP Survey are reported. This blinded HIV seroprevalence survey was conducted in the Shelby County Health Department's STD/HIV Clinic during December, 1995, using the RAP protocol developed by CDC and TDH. Of the total of 999 patients tested, 26 or 2.6% tested positively for the HIV/AIDS virus. Of the 73 white males tested, 4.1% tested positively, as compared to 3.8% of the 508 black males tested. Black females were more likely to test positively. Of the 332 tested, 4 or 1.2% were positive, compared to none of the 66 white females tested. Of persons presenting solely for HIV testing (n=136), positives were 5.9%, 8.4% of white males, 9.8% of black males, and no females. Among STD patients tested for HIV (n=857), 2.1% tested positively. Only blacks tested positively in this subgroup (3.1% of males and 1.3% of females). The Chattanooga/Hamilton County Health Department RAP Survey was concluded in February 1996, and results are reported in Table 3.3.6. The HIV prevalence rate was 1.5% for Hamilton County. Higher rates were observed among white males than black males, and among black females as compared to white females.

Extrapolating from the Childbearing Women (CBW) Survey, the estimated prevalence of HIV in Tennessee, adjusted for race, was 11,400. Based on two CDC methods of estimating prevalence, the range was 7,600-14,000 cases. While estimates extrapolated from national estimates gave a range of HIV prevalence in Tennessee of between 7,560 and 10,800 cases, estimates extrapolated from CBW data, adjusted for race, yielded a more reasonable estimate of 11,400. The maximum estimate was given by the unrefined CBW survey estimate of 14,261. The estimated range of HIV infection in Tennessee is 7,600-14,000, with 11,400 cases representing the point estimate.

## **5.9 Populations at Risk: Surrogate Markers and Survey Data**

Secondary data sets were the source of behavioral indicators of risk or surrogate markers, including STD rates, hepatitis B rates, tuberculosis rates and adolescent pregnancy rates. These were analyzed to provide further information on the transmission and spread of HIV and AIDS among youth and adults.

Overall rates of all STDs except chlamydia decreased from 1994 to 1995 throughout the State. Chlamydia rates increased by 63% in metropolitan areas and 182% in non-metropolitan areas. This has been due primarily to increased availability of testing. Overall, the metropolitan regions consistently accounted for the highest percentages of STDs during this time period. Blacks of both sexes represented 90% of reported syphilis cases and 87% of gonorrhea cases.